DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

FOOD AND DRUG ADMINISTRATION
(See Reverse of Part III for Instructions)

(Check One)
☐ Certification ☐ Change
☐ Cancellation ☐ Renewal

Form Approved: OMB No. 0910-0021
Expiration Date: September 30, 2000
See Burden Statement on back of Part III.

SECTION I - COMPLETED BY SHELLFISH CERTIFICATION AGENCY

1. SHELLFISH DEALER / SHIPPER *(Name)*

ADDRESS *(Include Street No., City, State, & ZIP)*

TELEPHONE
( )

2. **CERTIFICATION**

a) CERTIFICATE NUMBER	b) DATE CERTIFIED	c) STATE	d) EXPIRATION DATE

e) CATEGORY SYMBOL

DP - Depuration **RP** - Repacker **RS** - Reshipper
SP - Shucker-Packer **SS** - Shell Stock Shipper

3. DATE OF ON-SITE INSPECTION

4. STANDARDIZED STATE SHELLFISH PLANT INSPECTOR *(Print Name)*

5. EXPIRATION DATE OF INSPECTOR'S CERTIFICATE OF STANDARDIZATION

6. CANCELLATION DATE

7. REASON FOR CANCELLATION *(Check One)*
☐ Decertification ☐ Out of Business
☐ Other *(Please Specify)* _____

8. a) STATE SHELLFISH CERTIFICATION OFFICER *(Print Name)*

b) SIGNATURE

c) DATE CERTIFICATE SENT TO FDA

SECTION II - COMPLETED BY DIVISION OF COOPERATIVE PROGRAMS - FDA

9. DATE CERTIFICATE RECEIVED

10. DATE CERTIFICATE PUBLISHED

THIS CERTIFICATE MUST BE KEPT ON FILE FOR A PERIOD OF TWO (2) YEARS.

FORM FDA 3038 (9/97)
(Replaces Forms FDA 3038b and FDA 3038c which are obsolete.)

PART 1 - HFS-625

INTERSTATE SHELLFISH DEALER'S CERTIFICATE

Created by Electronic Document Services/USDHHS (301) 443-2454 EF

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

FOOD AND DRUG ADMINISTRATION
(See Reverse of Part III for Instructions)

(Check One)
☐ Certification ☐ Change
☐ Cancellation ☐ Renewal

Form Approved: OMB No. 0910-0021
Expiration Date: September 30, 2000
See Burden Statement on back of Part III.

SECTION I - COMPLETED BY SHELLFISH CERTIFICATION AGENCY

1. SHELLFISH DEALER / SHIPPER *(Name)*

ADDRESS *(Include Street No., City, State, & ZIP)*

TELEPHONE
( )

2. **CERTIFICATION**

a) CERTIFICATE NUMBER	b) DATE CERTIFIED	c) STATE	d) EXPIRATION DATE

e) CATEGORY SYMBOL

DP - Depuration **RP** - Repacker **RS** - Reshipper
SP - Shucker-Packer **SS** - Shell Stock Shipper

3. DATE OF ON-SITE INSPECTION

4. STANDARDIZED STATE SHELLFISH PLANT INSPECTOR *(Print Name)*

5. EXPIRATION DATE OF INSPECTOR'S CERTIFICATE OF STANDARDIZATION

6. CANCELLATION DATE

7. REASON FOR CANCELLATION *(Check One)*
☐ Decertification ☐ Out of Business
☐ Other *(Please Specify)* _____

8. a) STATE SHELLFISH CERTIFICATION OFFICER *(Print Name)*

b) SIGNATURE

c) DATE CERTIFICATE SENT TO FDA

SECTION II - COMPLETED BY DIVISION OF COOPERATIVE PROGRAMS - FDA

9. DATE CERTIFICATE RECEIVED

10. DATE CERTIFICATE PUBLISHED

THIS CERTIFICATE MUST BE KEPT ON FILE FOR A PERIOD OF TWO (2) YEARS.

FORM FDA 3038 (9/97)
(Replaces Forms FDA 3038b and FDA 3038c which are obsolete.)

PART 2 - REGIONAL SHELLFISH SPECIALIST

INTERSTATE SHELLFISH DEALERS'S CERTIFICATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

FOOD AND DRUG ADMINISTRATION
(See Reverse of Part III for Instructions)

(Check One)
☐ Certification ☐ Change
☐ Cancellation ☐ Renewal

Form Approved: OMB No. 0910-0021
Expiration Date: September 30, 2000
See Burden Statement on back of Part III.

SECTION I - COMPLETED BY SHELLFISH CERTIFICATION AGENCY

1. SHELLFISH DEALER / SHIPPER *(Name)*

ADDRESS *(Include Street No., City, State, & ZIP)*

TELEPHONE
( )

2. **CERTIFICATION**

a) CERTIFICATE NUMBER	b) DATE CERTIFIED	c) STATE	d) EXPIRATION DATE

e) CATEGORY SYMBOL

DP - Depuration **RP** - Repacker **RS** - Reshipper
SP - Shucker-Packer **SS** - Shell Stock Shipper

3. DATE OF ON-SITE INSPECTION

4. STANDARDIZED STATE SHELLFISH PLANT INSPECTOR *(Print Name)*

5. EXPIRATION DATE OF INSPECTOR'S CERTIFICATE OF STANDARDIZATION

6. CANCELLATION DATE

7. REASON FOR CANCELLATION *(Check One)*
☐ Decertification ☐ Out of Business
☐ Other *(Please Specify)* _____

8. a) STATE SHELLFISH CERTIFICATION OFFICER *(Print Name)*

b) SIGNATURE

c) DATE CERTIFICATE SENT TO FDA

SECTION II - COMPLETED BY DIVISION OF COOPERATIVE PROGRAMS - FDA

9. DATE CERTIFICATE RECEIVED

10. DATE CERTIFICATE PUBLISHED

THIS CERTIFICATE MUST BE KEPT ON FILE FOR A PERIOD OF TWO (2) YEARS.

FORM FDA 3038 (9/97)
(Replaces Forms FDA 3038b and FDA 3038c which are obsolete.)

PART 3 - STATE REGULATORY AGENCY

INTERSTATE SHELLFISH DEALERS'S CERTIFICATE

Instructions for completing Form FDA 3038 (9/97)

Section I - Completed by State Shellfish Certification Agency

1. Shellfish Dealer / Shipper: Name, Address, Street No., City/Town, State, ZIP, and Telephone.

2. Certification: Certificate Number - a unique number assigned to each certified shellfish dealer; Date Certified; State - two letter State Code; Expiration Date - date certificate expires; Category Symbol - two letter code designating dealer process.

3. Date of On-Site Inspection: Date plant was inspected for certification.

4. Standardized State Shellfish Plant Inspector: Print name of Inspector who conducted the on-site inspection.

5. Expiration Date of Inspector's Certificate of Standardization: Print expiration date that appears on inspector's certificate.

6. Cancellation Date: Date firm has been either decertified or recommended for delisting.

7. Reason for Cancellation: Check applicable box. Other denotes voluntary or seasonal suspension of activities.

8. State Shellfish Certification Officer: Print Name to authenticate signature block.

   Signature (of official to authenticate information): In the case that a State has only one Standardized State Shellfish Plant Inspector, sign this block.

   Date certificate sent to FDA

Section II - Completed by Division of Cooperative Programs - FDA

Public reporting burden for this collection of information is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to:

DHHS Reports Clearance Officer
Paperwork Reduction Project (0910-0021)
Hubert H. Humphrey Building, Room 531-H
200 Independence Avenue, SW
Washington, DC 20201

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Please DO NOT RETURN this report to the address above.